

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

**02-20**

2. STATE

**NC**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**December 16, 2002**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447.201**

7. FEDERAL BUDGET IMPACT:

a. FFY 03 (\$199,234)

b. FFY 04 (\$205,211)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Section 9, Page 2**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

**Attachment 4.19-B, Section 9, Page 2**

10. SUBJECT OF AMENDMENT:

**Ambulatory Surgical Centers**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Carmen Hooker Odom

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 23, 2002

16. RETURN TO:

Office of the Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, North Carolina 27699-2001

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**December 31, 2002**

18. DATE APPROVED:

**March 25, 2003**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**December 16, 2002**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

Due to ice storm, the Public Notice was not forwarded to newspapers until December 10, 2002; therefore, the effective date has been changed to December 16, 2002.

MEDICAL ASSISTANCE  
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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- b. Services provided by licensed kidney dialysis centers are reimbursed based on Medicare payment rates.
- c. Services provided by licensed Ambulatory Surgical Centers are reimbursed based on the State average rates derived from ninety-five percent of the Medicare rates for routine facility services. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1 of the state plan.
- d. Additional ancillary services, such as laboratory, x-ray and general anesthesia services, are reimbursed at the comparable fees paid to other providers.

TN. No. 02-20  
Supersedes  
TN. No. 90-08

Approval Date 03/25/03

Eff. Date 12/16/02